

59th Medical Wing



59 MDW Cardiology Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 23 Sep 04

I n t e g r i t y - S e r v i c e - E x c e l l e n c e

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Cardiology Product Line Review

Revised Financing Overview

Prospective Payment System

- MTF receives PRIME capitation funding for enrollees plus ancillary pass-through and specialty mission funding (e.g. student population, etc.)
 - Use resources to maximize return on investment
- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets; **Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality**

Business Plan Overview

Actual 59 MDW Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

➡ Bottom-line: -\$6.0M

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

SA-MM Overview

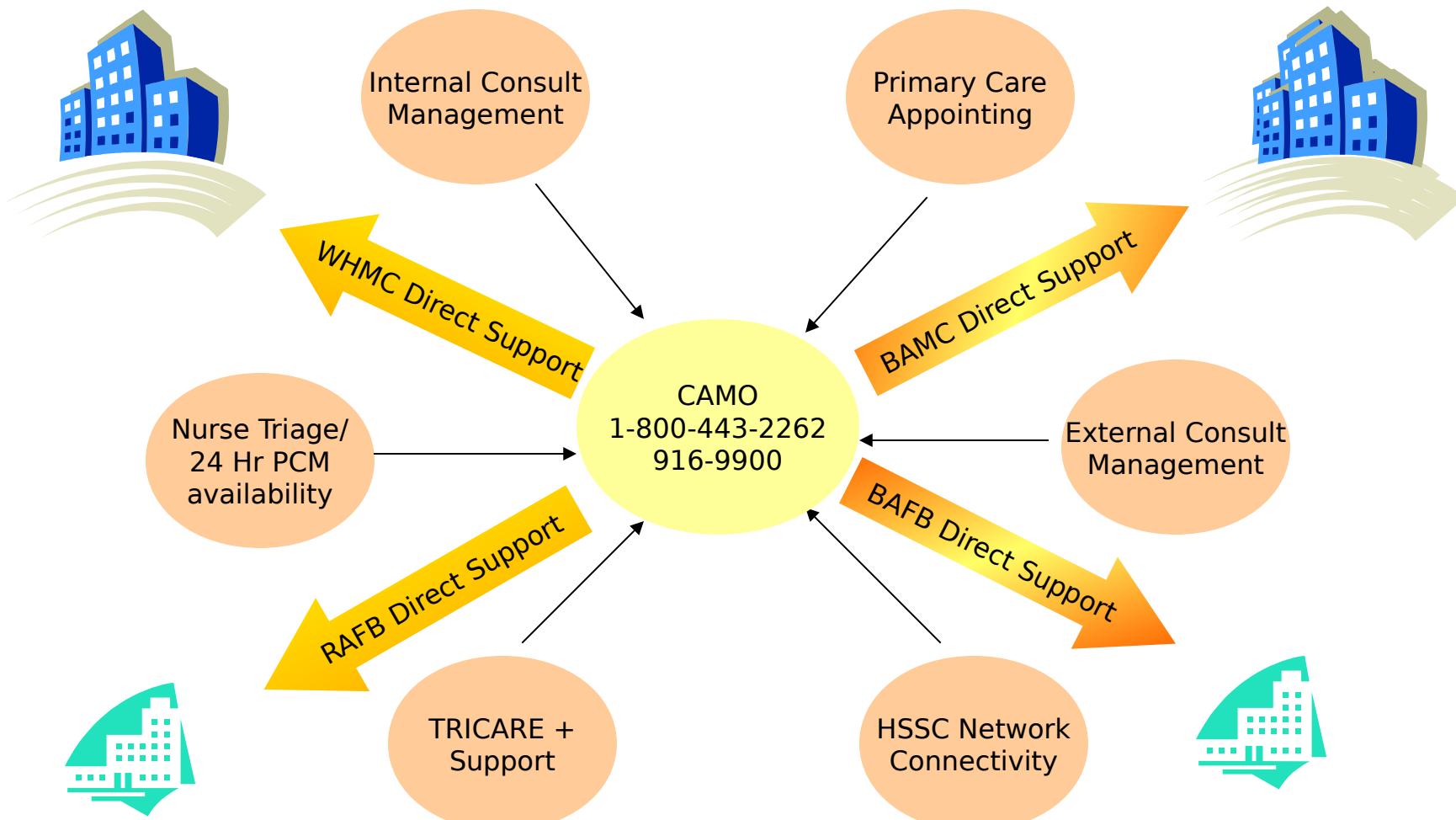
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO



CAMO Role

- All referrals will be generated in CHCS electronically
 1. One single portal for managing all consults in and out of the facilities
 2. All consults will be reviewed by the CAMO within 24 hours
 - a) If clinic review required, clinic reviews referral/consult and sends back to PAS within 24 hours with instructions for booking (or not booking)
 3. MTF appointment priority based on joint CAMO business rules:
 - a) AD/ TRICARE Prime
 - b) TRICARE Standard
 - c) TRICARE Plus (LOE)
 - d) Space-A Over 65 (appointment available within one-week or GME related)
 4. All referrals / consults for MTF beneficiaries will first try to be booked at MTF enrolled (e.g. BAMC); if not available at MTF enrolled, then will try to book in other SA MTF (e.g. WHMC)
 - a) If not available at either MTF, then referral / consult will be reviewed by CAMO-UM for clinical review for first right of refusal
 - b) If no resolution, then last resort is to send referral/consult to Humana for referral to network (TRICARE Plus will go directly to the TRICARE Referral Center)

Cardiology Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- ENT Initiatives and Issues
- Stoplights

Cardiology Clinic Description

- Full Service outpatient clinic (BAMC: similar range)
 - Cardiology Consultation and Follow-up
 - EKG and Treadmill stress testing
 - Holter and Event Monitoring
 - Tilt table testing
 - Transthoracic and Transesophageal Echo
 - Cardioversion
 - Conscious sedation
 - Lipid Clinic
 - Coumadin Clinic
 - Congestive Heart Failure Clinic
 - Cardiac rehabilitation

Cardiology

Clinic Description

- Comprehensive inpatient service (BAMC: similar range)
 - Diagnostic cardiac cath
 - State of the art coronary intervention
 - Intravascular ultrasound and intracardiac ultrasound
 - Peripheral and Carotid intervention
 - Valvuloplasty
 - Percutaneous Atrial Septal Defect(ASD) and Patent Foramen Ovale(PFO) closure
 - Electrophysiology testing
 - Arrhythmia ablation
 - Pacemaker and Defibrillator implantation

Cardiology Clinic Description

- Shared fellowship and interventional call with BAMC
- WHMC Cardiology unique services
 - Carotid intervention
 - ASD/PFO closure
 - A fib ablation
 - Laser lead removal

Cardiology GME Program Status

- Integrated Fellowship Program
 - 4-5 AF Starts per Year/3-4 Army start per year
 - 13 Total AF Residents/11 Total Army Residents
 - Total 24 Residents in Integrated Program
- RRC Status: 5-year accreditation; last accreditation 2000
- Overall Program Health: Good
 - 100% Board Certification Pass Rate
 - 100% on-time Graduation
 - Scores: most graduates score in top 10th percentile

Cardiology

GME Program Status

- Case Mix and Patient Volume:
 - Generally have a good mix of ages and acuity except:
 - Limited ICU beds results in loss of GME patients
 - Limited exposure to critically sick cardiac patients, especially with congestive heart failure and valvular disease
 - Augmenting through rotation at Methodist Specialty & Transplant Hospital
 - Catheterization numbers are at low for most fellowships
 - Augment through rotation at the VA
 - Facility/Physician capacity for increased cath lab services
 - Limitations: Nursing and cardiopulmonary tech support due to attrition and deployment
 - Civilian hiring problems and deployments having impact on morale, retention and ability to continue to provide care
 - Outpatient clinic visits are near maximum for current physician staffing

Cardiology

Manpower and Staffing

Providers	AUTHORIZED			ASSIGNED					Staffing
	MIL	GS	Total		MIL	GS		Total	
044M3B	10	0	10	044M3B	8	0		8	80%
042G3 (PA)	1	0	1	042G3 (PA)	1	0		1	100%
Total Providers			11					9	82%
AUTHORIZED			ASSIGNED						
Support Staff	MIL	GS	Total		MIL	GS		Total	Staffing
46N3 (RN)	4	7	11	46N3 (RN)	2	8		10	90%
4N0X1	10	1	11	4N0X1	10	0		10	90%
4A0X1	2	4	6	4A0X1	2	6		8	117%
4H0X1	9	9	18	4H0X1	12	5		17	94%
Total Support Staff	25	21	46		26	19		45	98%

- Currently have 4 4H0X1s deployed
- Currently have 4 4HOX1 vacant, unable to fill due to Civ Pay ceiling
- 4 of above positions are overhires: 1 46N3, 1 4HOX1, 2 4AOX1

Cardiology Physicians (By Name)

8 Military Sub Specialists

Lt Col Christopher Thompson – Flt/CC, AF/SG Consultant,
Interventional Cardiology

Lt Col Javier Roman-Gonzales -- Electrophysiology

Maj Scott Moore - Interventional Cardiology

Maj Richard Krasuski – Valvular and Congestive Heart Failure

Maj Charles Campbell – General Cardiology and Asst Fellowship
Director

Maj Ara Maranian – General Cardiology and Pacemakers

Maj Carey O'Bryan - General Cardiology and Pacemakers

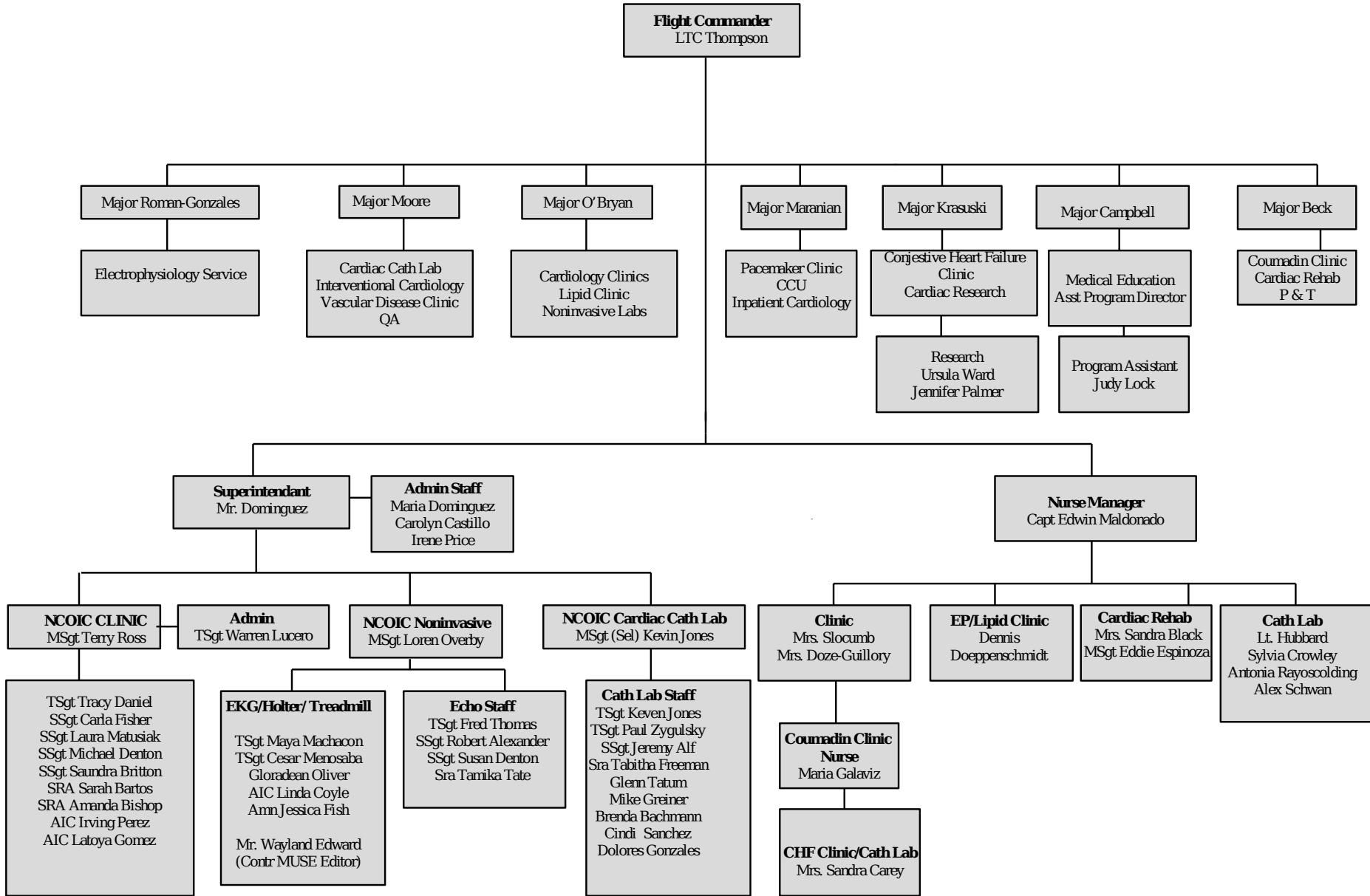
Maj Rachel Beck – General Cardiology

All are double or triple Board Certified

Cardiology Manpower and Staffing

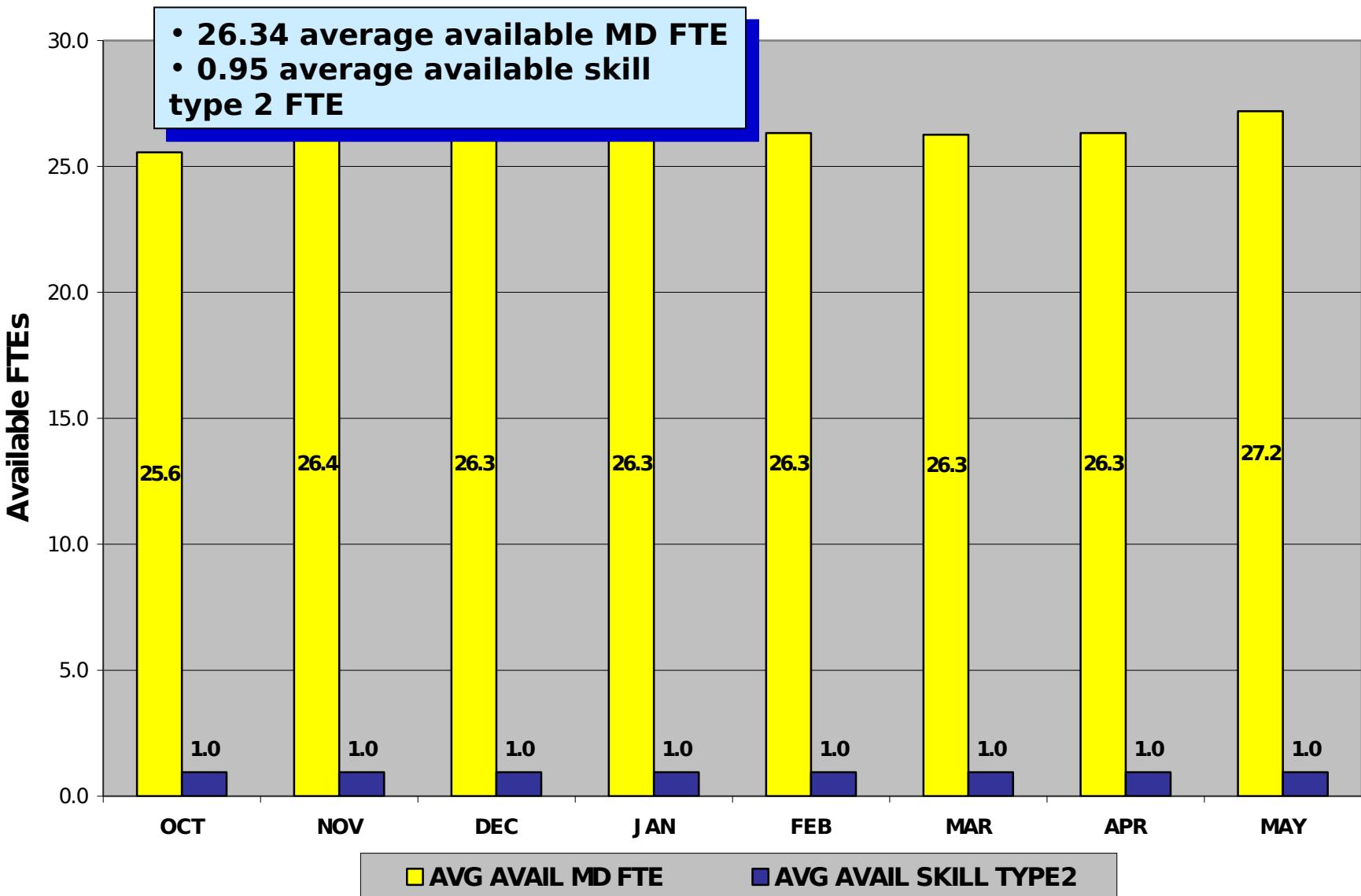
- MAPPG-Driven Manpower changes
 - MAPPG04 reduced 4H authorizations from 13 to 9
 - MAPPG06 reduces physician authorizations from 10 to 8
 - RRC physician minimum is 8, we fall below this often with deployments
- Resource Sharing Agreements
 - ICD and pacemaker cost sharing- \$350,000/year and rising
- Contractors
 - None; have had contract echo technicians in past
 - Extremely competitive civilian cardiology market, contract salary would exceed \$300,000
- AFMS-wide physician staffing outlook
 - Retention of HPSP graduates near 0%
 - Currently at all time low 23 physicians for 28 authorizations
 - Expect increase to 24 in 2006 and 27 in 2007 due to ROTC/AF Academy and USHUS retention

59th MEDICAL CARDIOLOGY FLIGHT



Cardiology Monthly Reported Available FTEs

Oct 03 - May 04



Cardiology Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03:
 - 3 deployments (CCATT): 240 days
 - FY04 Taskings in Turtle Model:
 - Sub for CCATT: Total Risk is 1,560 days*
 - FY04 Deployments to date: 2 for 180 days total
- FY03 Humanitarian and Civic Assistance
 - 1 Physician (Thompson) for 9 days

* Not counting transition days

Cardiology

Access to Care

- Standard for Access to Specialty Care: 28 Days
- Cardiology Actual:
 - Met: 80% overall
 - # Appts Met: 302
 - Total # Appts: 379
 - Avg Wait Time for Access: 16.9 days

• Cardiology is **meeting standard for**
Routine Access to specialty care

Cardiology Template Review

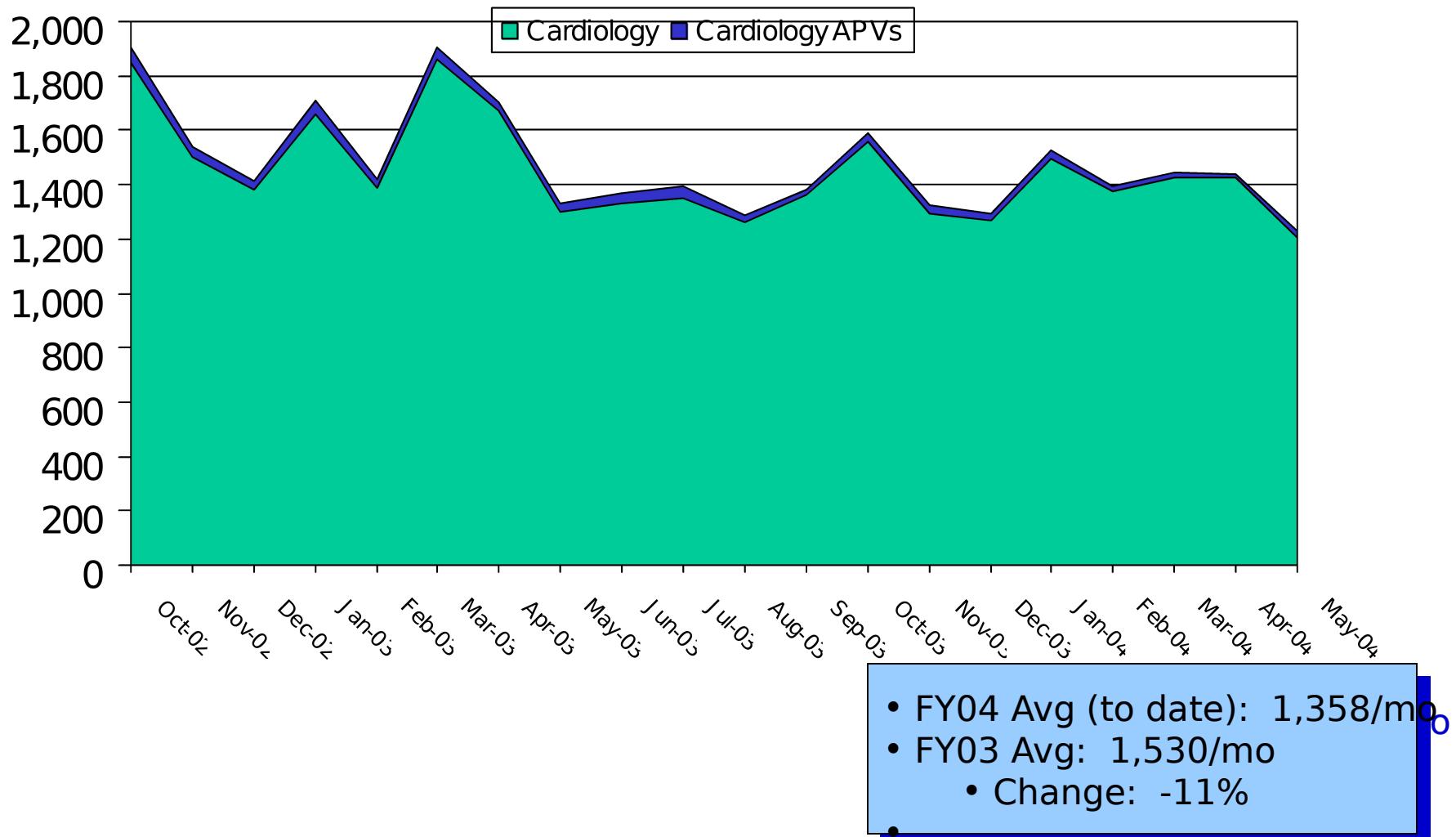
Clinic	Total Appts Template d	Total Booked	% Booked	Total # W/I	% W/I of Total	Total # Seen	% Seen of Template d
CARDIAC REHAB,WHMC	1,266	102	8%	3	3%	105	8%
CARDIOLOGY,WHMC	1,075	959	89%	1,184	55%	2,143	199%
COUMADIN CLINIC,WHMC	73	21	29%	1,670	99%	1,691	2316%
LIPIDS CLINIC, WHMC	62	50	81%	0	0%	50	81%
Total Cardiology	2,476	1,132	46%	2,857	72%	3,989	161%

- Other Clinics: EKG, Echocardiogram, Holter and Event Monitor Appts may be grouped under “Cardiology”
- Overall, saw 161% of templated appointments

* Sample: Jun 04

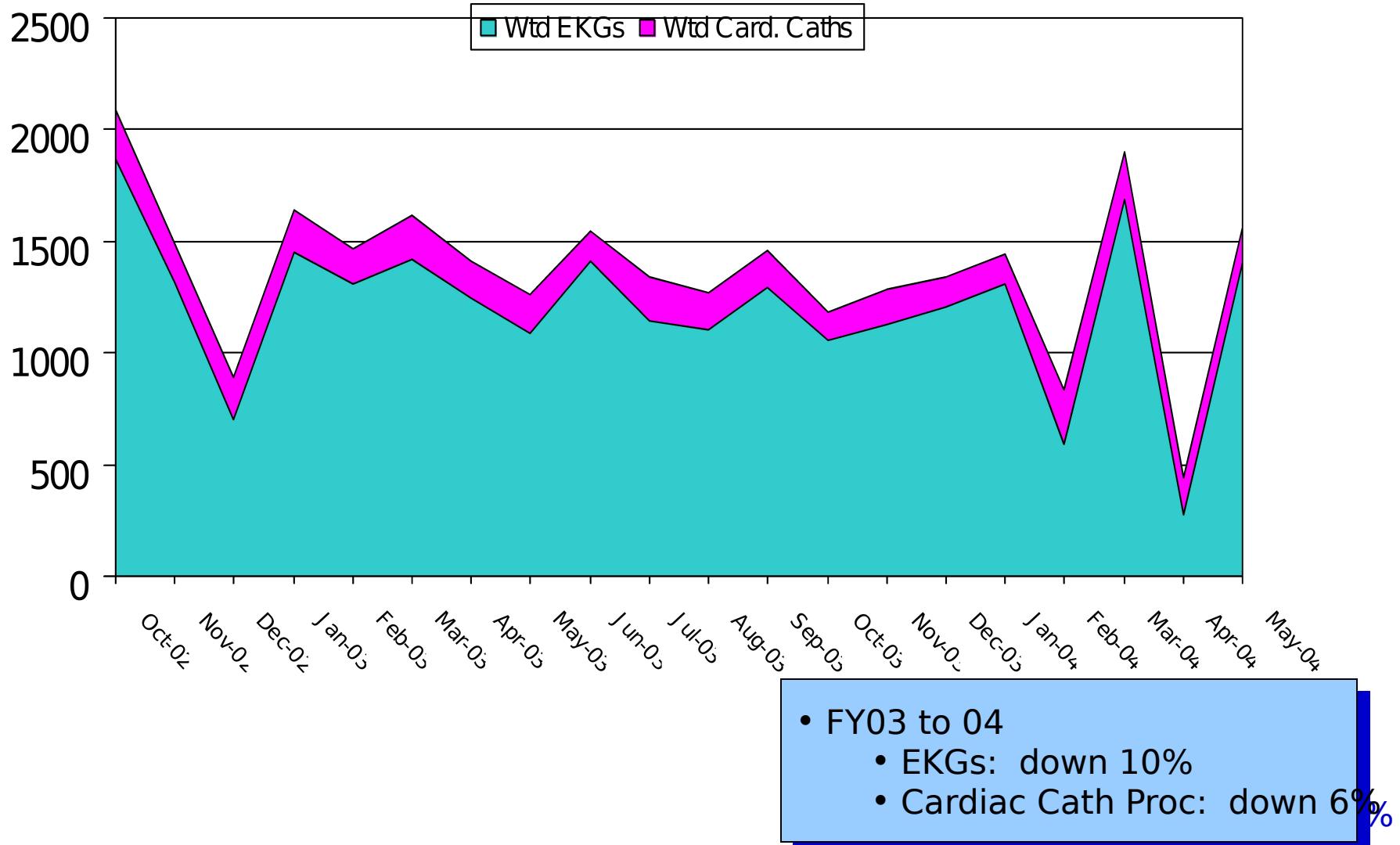
Cardiology

Total Visits Oct 02-Jun 04



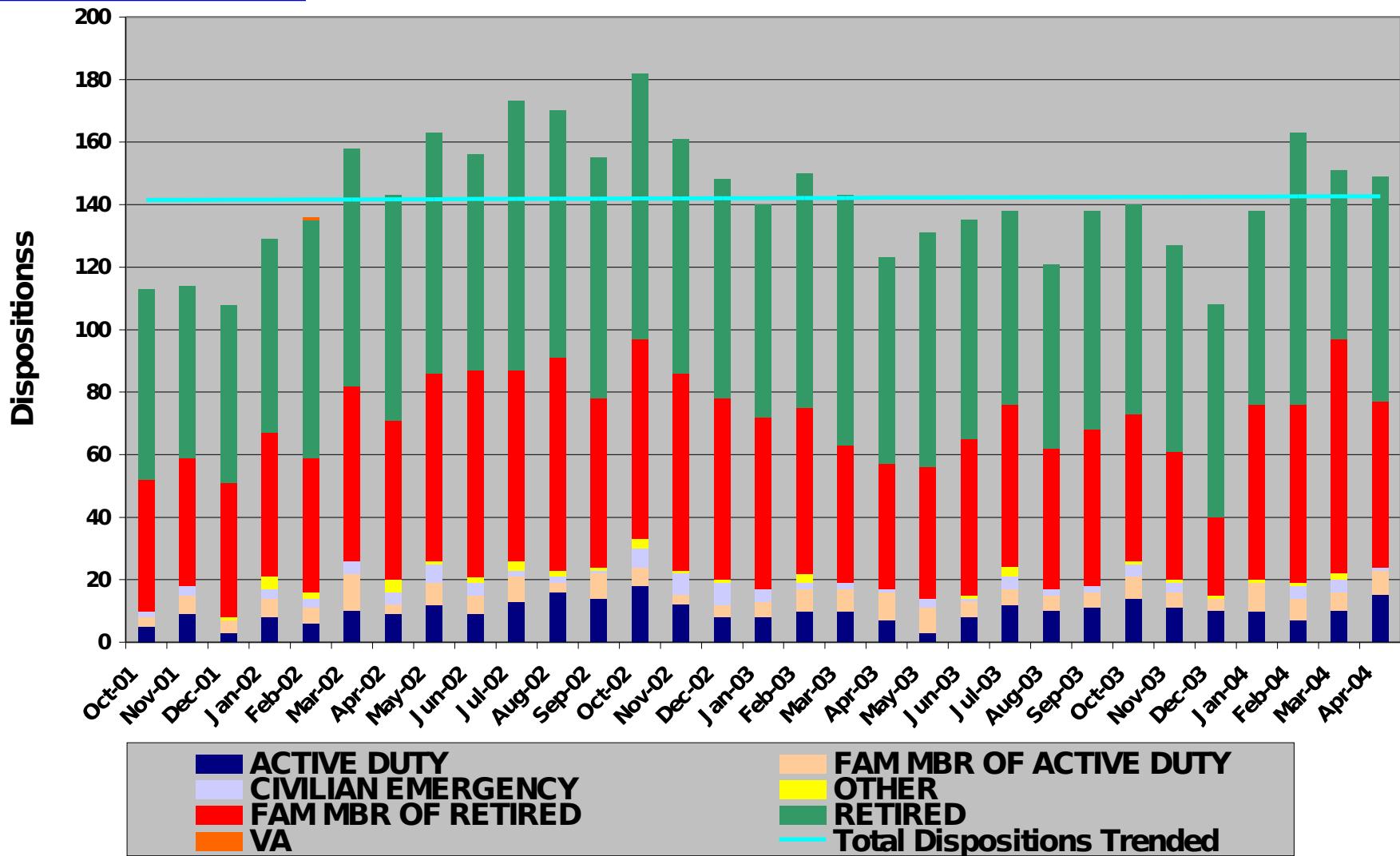
Cardiology

Wtd Procedures Oct 02-Jun 04



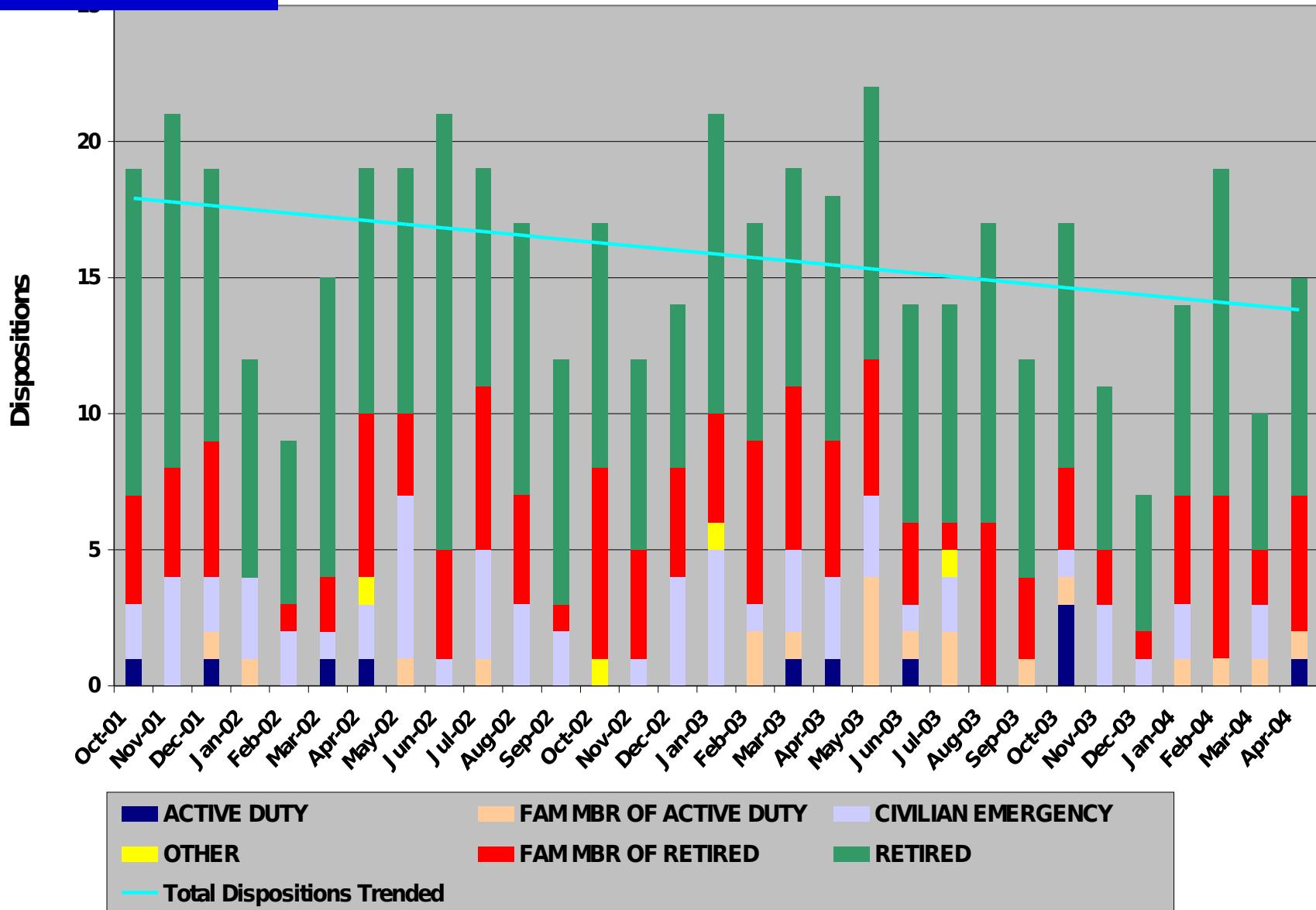
AVG RWP =
 1.32
AVG LOS = 2.9

WHMC Cardiology Dispositions Trended FY02 to FY04

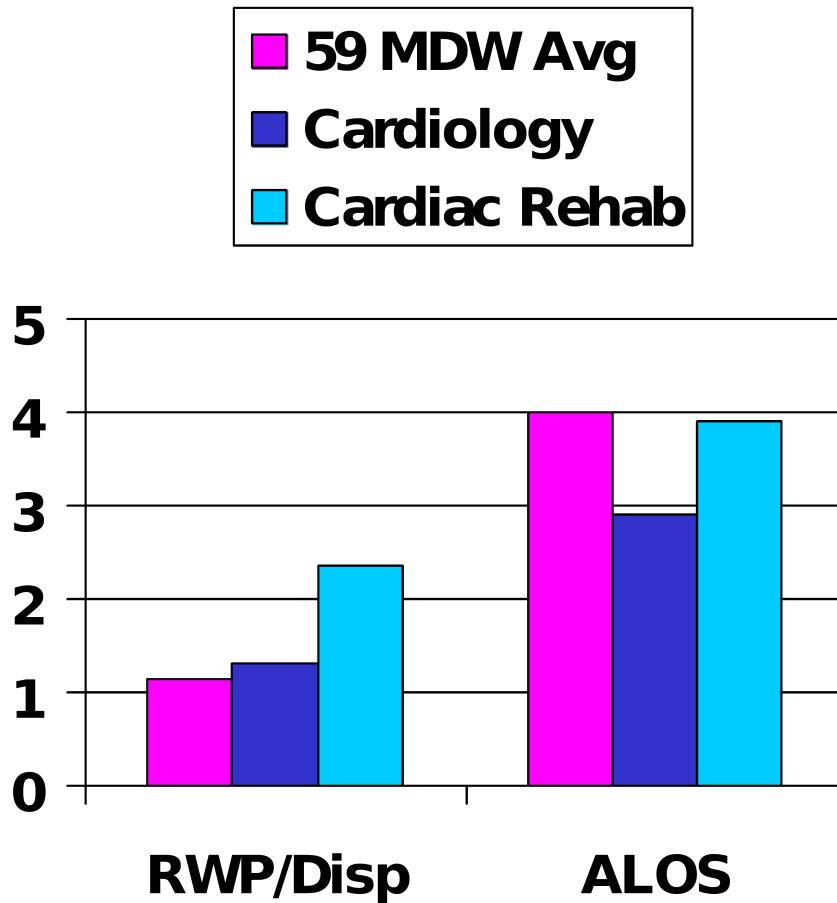


AVG RWP =
2.35
AVG LOS = 3.9

WHMC Cardiac Rehab Dispositions Trended FY02 to FY04



Cardiology RWP and ALOS vs. Avg

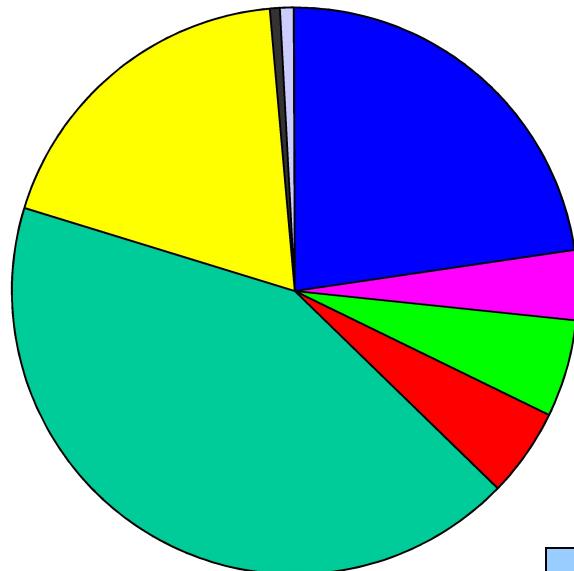


- Cardiology RWP/Disp of 1.32 is 15% higher than WHMC Avg
 - Cardiac Rehab (2.35) is +104%
 - About 10% of Card. Dispositions
- ALOS is lower than average for Cardiology patients and about the same for cardiac rehab
- Total Dispositions down to 152 (avg) in FY04 vs. 160 in FY03 or -5%

Cardiology

Visits by Enrollment Category (FY03)

■ SAMM PRIME	■ SAMM AD	■ SA AD
■ SA Std	■ TP	■ TFL
■ CivEmerg	■ Other	

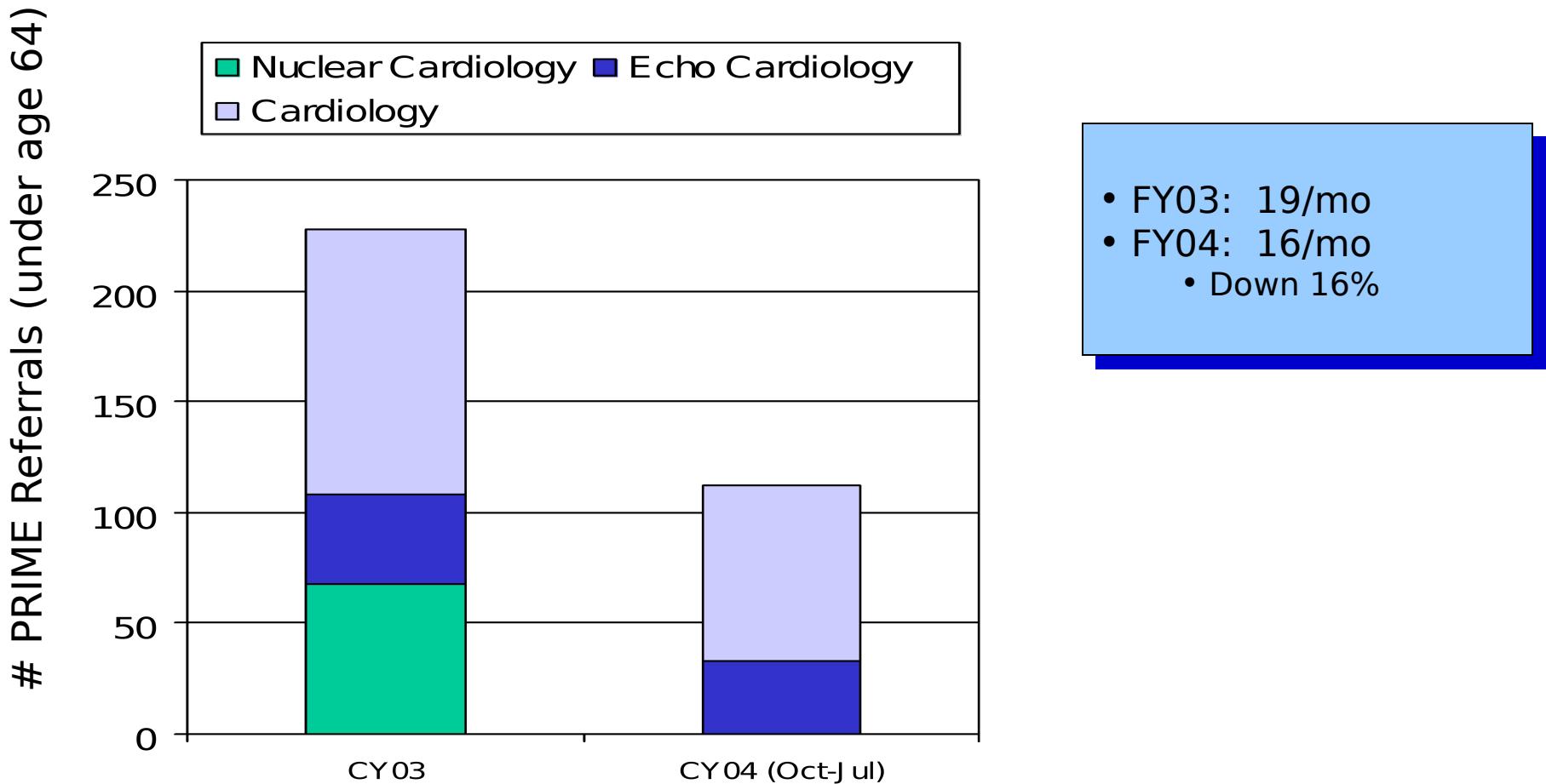


- Avg: 3.9 Visits per User
 - Plus/TFL: 3.4
 - PRIME: 2.6
 - AD/AD PRIME: 2.2
- Total FY03 CMAC: \$2.05M
 - Avg CMAC/Visit: \$43/visit
 - Plus/TFL: \$38/visit
 - PRIME: \$45/visit
 - Active Duty: \$63/visit
 - Space-A AD: \$67/visit

- Visits for SAMM PRIME and SA AD patients make up 32% of all visits; over age 65 beneficiaries are 61% of visits
- Cost/Visit highest for both enrolled and Space-A active duty

Cardiology

PRIME Containment & Referrals (OP)



Cardiology Market Share

- WHMC and BAMC have approximately **92%** of the market share (FY03 Data)
 - WHMC CMAC: \$2.05M
 - BAMC CMAC: \$1.23M
 - Purchased Care CMAC (< 65 yrs): \$266K (8%)

Category	FY03	FY04 To Date
AD	\$ 2,000	\$ 1,900
BAMC Prime	\$ 16,700	\$ 27,000
WHMC Prime	\$ 65,200	\$ 64,000
Other MTFs	\$ 6,200	\$ 14,800
Network PRIME	\$ 47,500	\$ 36,700
Standard < 65	\$ 128,000	\$ 83,000
Total < 65	\$ 265,600	\$ 227,400

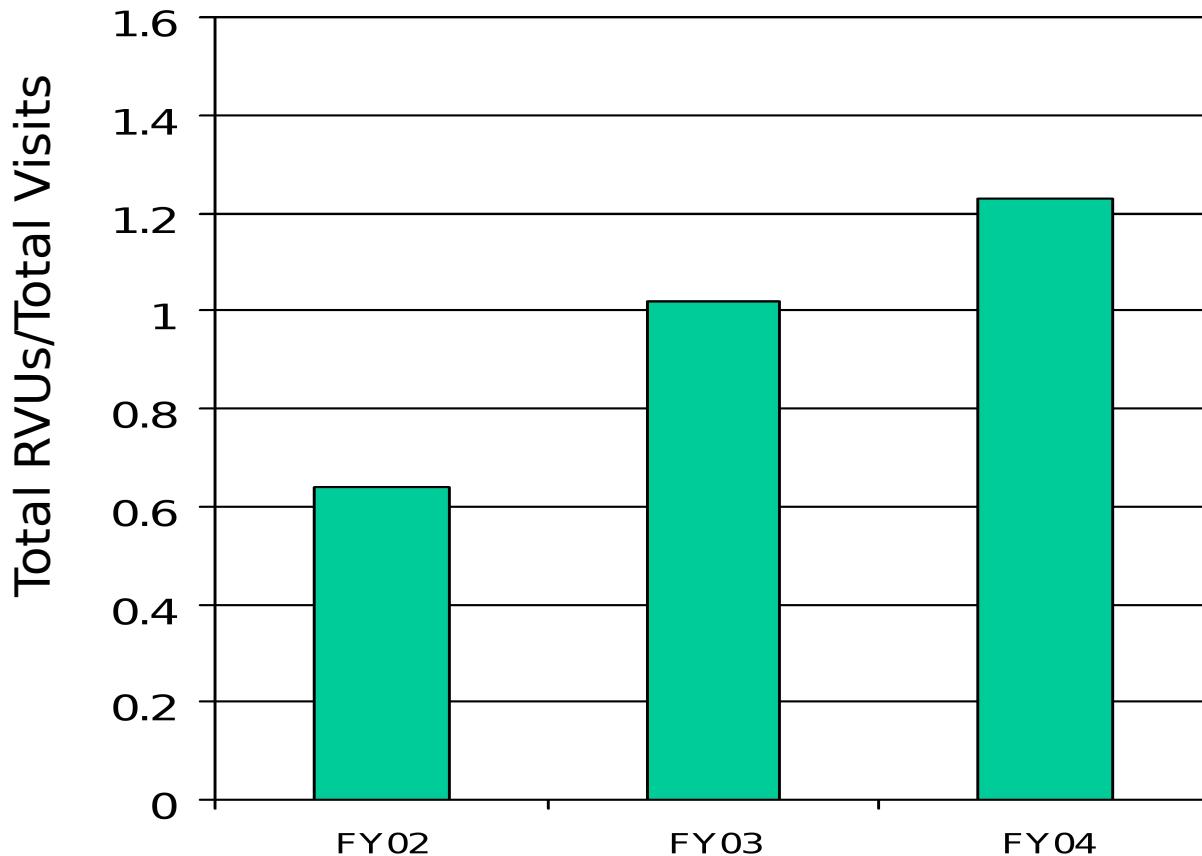
Cardiology Coding Analysis

- Coder Situation: 1 coder (outpatient)
- Data Quality* (Goal: 90% or more)
 - ICD9: 97.8% (WHMC Avg: 80.7%)
 - CPT: 95.5% (WHMC Avg: 76.8%)
 - E&M: 93.5% (WHMC Avg: 81.3%)

- Jul 04 Audit
- Meeting AFMSA Standard in all areas

Cardiology

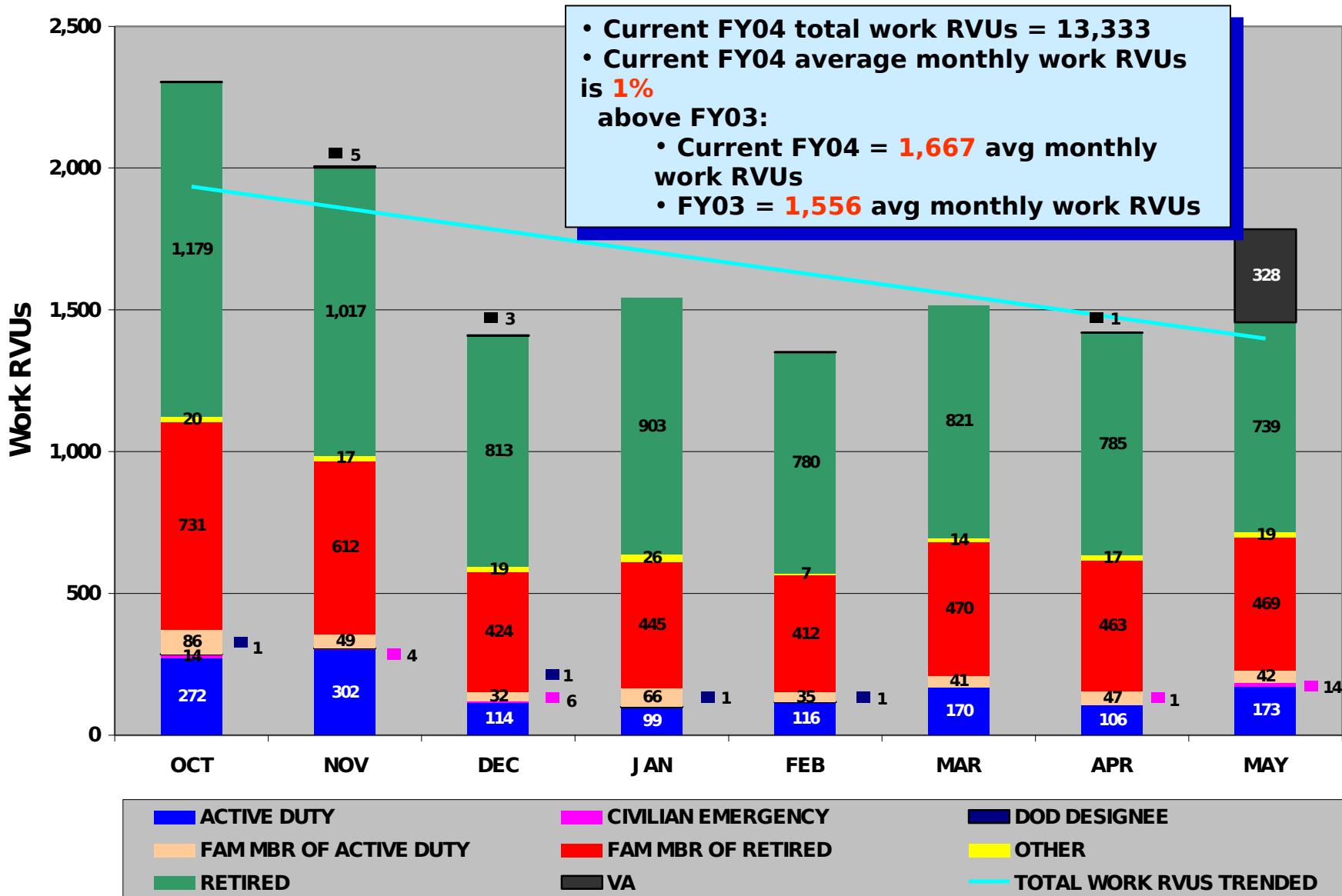
RVU/Visit (FY02 to FY04)



- FY04 RVU/Visit
is up 92% over FY02
& up 21% over
FY03

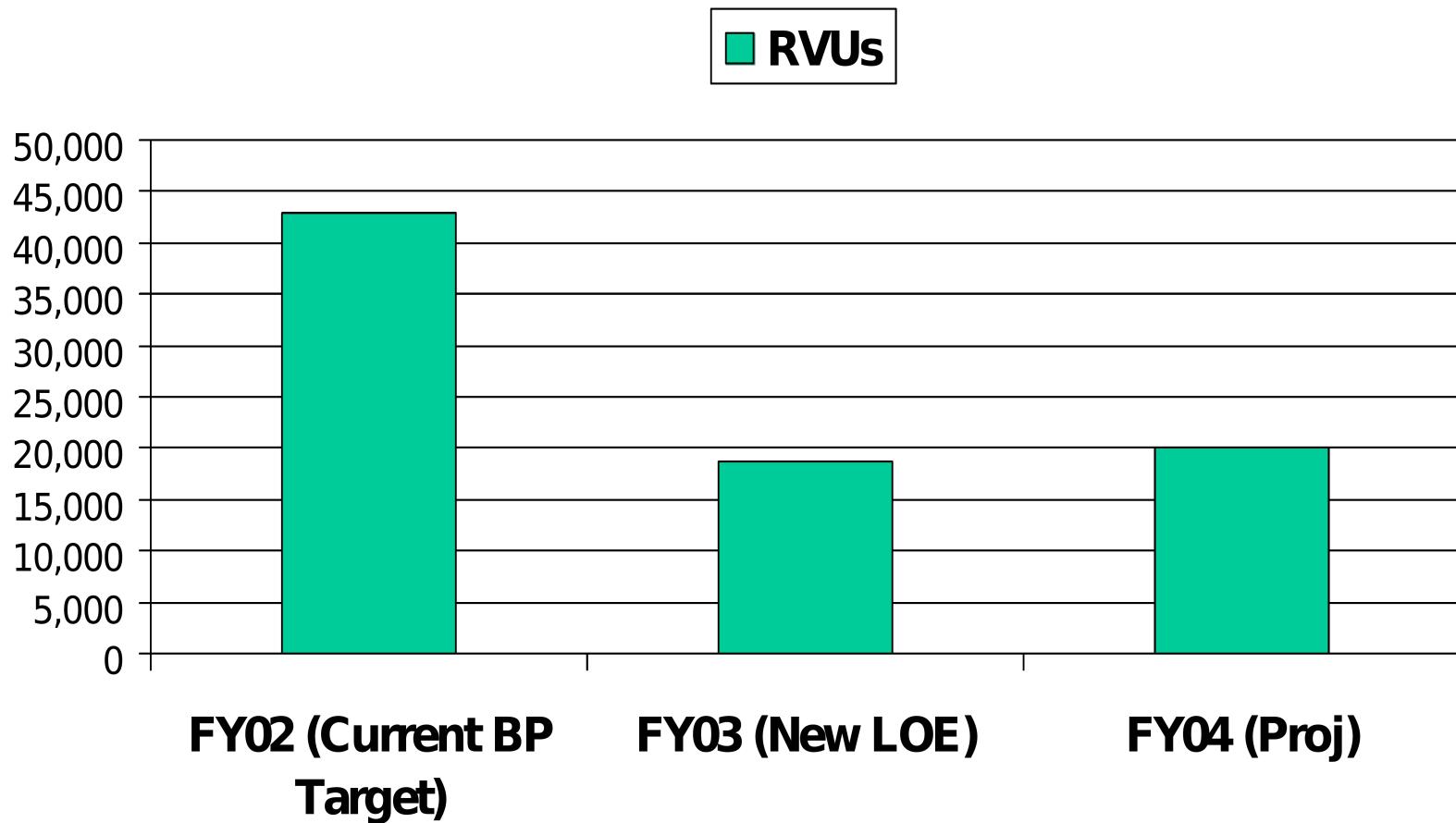
Cardiology Direct Outpatient Care Work

RVUs Oct 04 - May 04



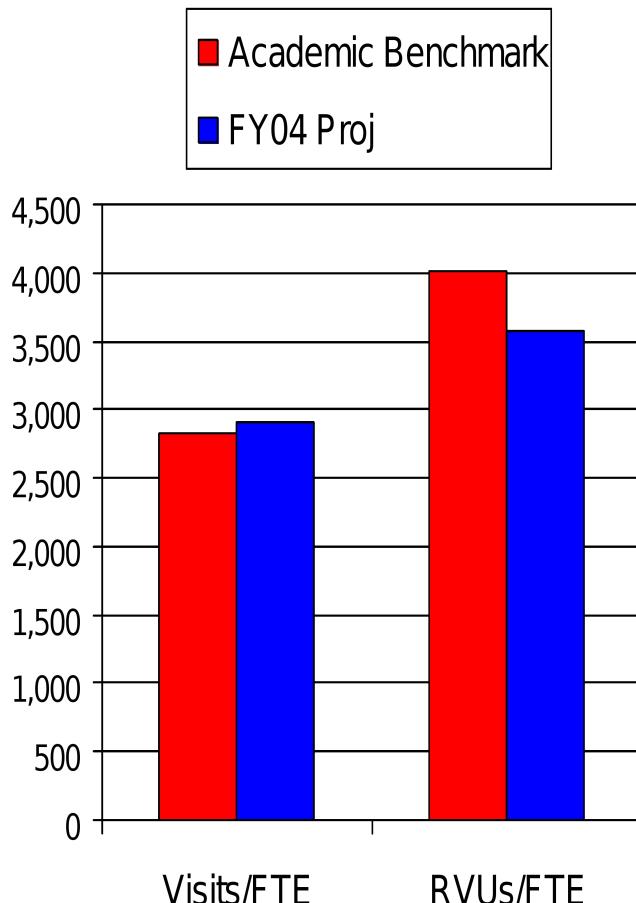
Cardiology

Direct Care RVUs (FY02-04)



Cardiology

Benchmark Comparison per FTE



	1 Staff = 1 FTE	Available
#FTEs	8	5.6
Proj FY04 Visits*	16,293	16,293
Proj FY04 Visits/FTE	2,037	2,909
Academic Benchmark (visits/FTE)	2,819	2,819
% Compared to Acad. Benchmark	72%	103%
FY04 RVUs (Proj)	20,004	20,004
RVU/Visit	1.23	1.23
RVU/FTE	2,501	3,572
Academic Benchmark (RVI/FTE)	4,015	4,015
% Compared to Acad. Benchmark	62%	89%

- 1 staff deployed each bucket in 04 = 8
- RVUs/FTE Benchmarks not met
- Academic stds assume 1.42 RVUs/visit

Cardiology

Business Plan Performance Oct-May

04

Outpatient Care	BP Target (FY02 LOE)	FY04 Actual (Oct-Jun)	Diff (RVUs)	\$ Implications
IHC	8,880	3,532	(5,348)	\$ 395,734
Other DC	389	207	(182)	\$ 13,469
PSC	638	1,266	627	\$ (46,419)
Total PRIME	9,907	5,005	(4,903)	\$ 362,785
FFS Other Enrollee	1,593	519	(1,074)	\$ (79,475)
FFS Space-A	10,272	4,341	(5,931)	\$ (438,895)
Plus	11,403	6,048	(5,355)	\$ (396,275)
Total FFS	23,268	10,908	(12,360)	\$ (914,645)
Inpatient Care	BP Target	FY04 Actual (Oct-Jun)	Diff (RWPs)	\$ Implications
IHC	435.5	491.8	56	\$ (337,740)
Other DC	26.8	21.3	(5)	\$ 32,820
PSC	105.3	130.7	25	\$ (151,920)
Total PRIME	567.6	643.8	76	\$ (456,840)
FFS Other Enrollee	72.7	70.6	(2)	\$ (12,600)
FFS Space-A	743.6	633.8	(110)	\$ (658,860)
Plus	646.4	696.1	50	\$ 298,500

Outpatient

Prime: +\$363K
 FFS: -\$915K
Total: -\$553K

Inpatient

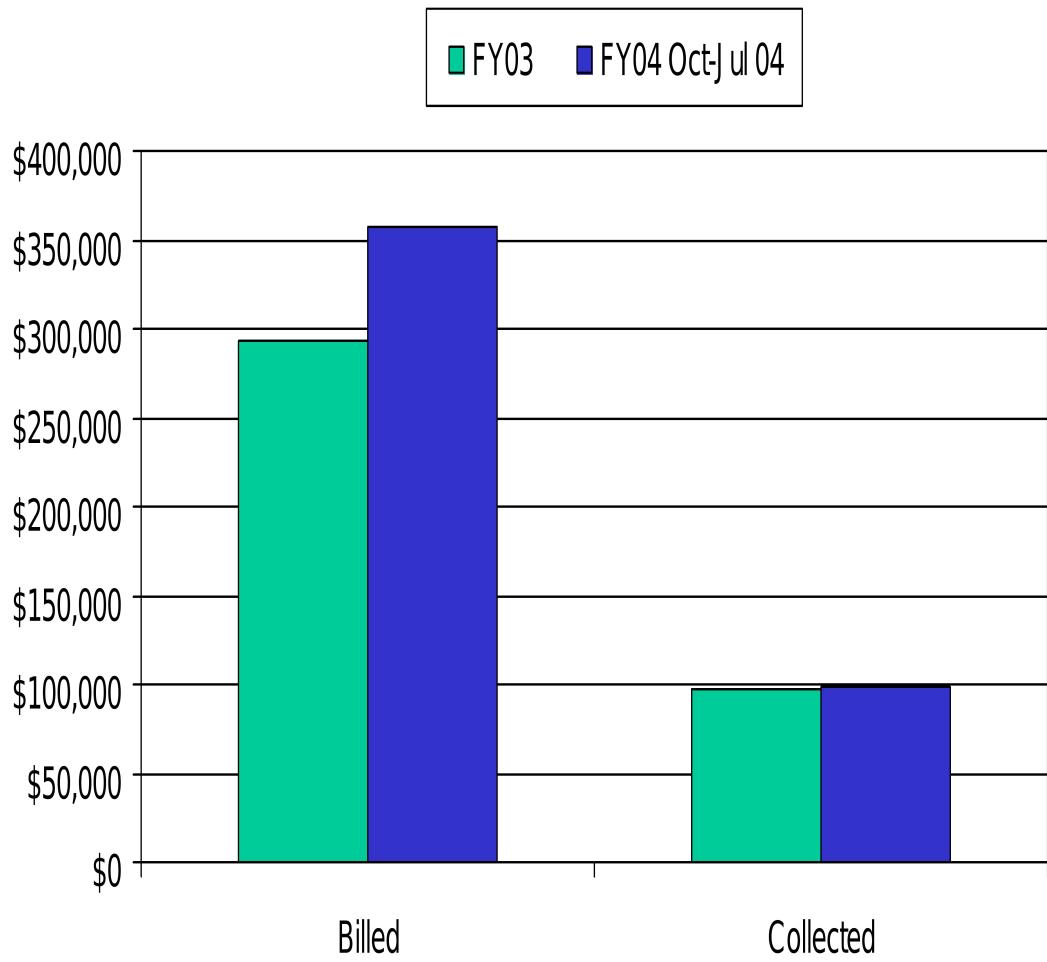
Prime: -\$457K
 FFS: -\$372K
Total: -\$829K

Cardiology

New FY05 BP Targets vs. Current

- Cardiology targets will be calculated based on:
 - FY03 LOE as starting point
 - Less/Plus Increased Enrollment/Mobility Taskings/Renovations

Cardiology Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0..33
 - FY04: 0.28
 - .12 for APVs
 - .28 for visits
- Billing Rate
 - FY03: \$24.5K/Mo
 - FY04: \$29.8K/Mo (up 22%)

→ \$98.5K collected
as of Jul 04

Cardiology Clinic Initiatives

- Many initiatives to increase productivity in late 1990's
 - Goal to see all patients regardless of Tricare status, with no visits lost
 - Increased number of clinics/provider
 - Added Physician's assistant
 - Added Lipid clinic
- Recent initiatives
 - Congestive Heart Failure clinic
 - Cardiac rehabilitation program restarted
- Space
 - We have one of the largest and best clinic areas in MTF
- Staff utilization
 - Have lost Active Duty nurses with E designation, reclaimed by ICU's
 - Incomplete replacement by GS nurses

Cardiology Clinic Issues

- Billing issues- WHMC losing \$ millions
 - Cardiology coder is working diligently to keep ADS rate at 90%
 - We have had multiple discussions with TPOC to bill for additional visit types
 - Not allowed to bill of non physician visits
 - 14,000 coumadin clinic visits/year, value unknown
 - 1000 lipid clinic visits/year, value unknown
 - Not allowed to bill for reading of echocardiograms
 - 3,000 echocardiograms/year. Estimated dollar value \$600,000
 - Not allowed to bill for reading of EKG's
 - 50,000 EKG's/year Estimated dollar value exceeds \$1 million

Cardiology

Clinic Issues/Requirements

- Problems: technician and nurse staffing
 - Unable to maintain full services with deployments of active duty cardiopulmonary technicians
 - Compounded by civilian hiring freeze
 - Have lost both GS echo techs and have one of 3 ADAF techs deployed
 - Unable to keep up with echocardiogram referrals
 - Nursing and technician shortage in cath lab limits ability to increase procedure volumes
 - Asked to assist in vascular surgery angiography needs, unable to accommodate increase due to manning shortfalls

Cardiology Customer Satisfaction

- DoD Customer Satisfaction Survey
 - Overall Experience: 87.5% satisfied (vs. 83% WHMC average)
 - FY02: 92.7%; FY03: 92%
- Patient Satisfaction will be key indicator in FY05 and beyond
 - AFMS contracted for new, real-time customer satisfaction process (pending)

Cardiology Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templatized Appointments	
Visits/Surgeries over Time	
PRIME Containment	
Market Share	

Area Reviewed	
RVU/Visit over time	
Data Quality	
Productivity vs. Civilian Benchmarks	
Direct Care RVUs vs. BP Target (02)	
BP Performance Oct-Apr 04	
Proj. BP Performance (New Targets)	TBD
Customer Satisfaction	

Cardiology

Next Steps

- Step 2
 - Follow-up: 12 Oct 04 at 0900
- Step 3
 - Projected WHMC/BAMC Brief: Nov 04



*I n t e g r i t y - S e r v i c e - E x c e l l e n
c e*